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CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:

Date: August 25, 2004 Name: Anthony P. Curtis, Ph.D. Signature:

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& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Kisaburo Takahashi	Examiner:	
Serial No.:	09/803,568	Fishman, Marina	
Filed:	March 9, 2001	Art Unit:	2832
For:	INPUT DEVICE AND PORTABLE ELECTRONIC DEVICE USING THE SAME		
Attorney Docket No:	9281-3935	Client No.	W US00028

RECEIVED

Mail Stop: Amendment
Commissioner for Patents, P. O. Box 1450
Alexandria, VA 22313-1450

SEP 23 2004

TRANSMITTAL

TECH CENTER 2800

Sir:

Attached are:

Transmittal Letter (in duplicate); Amendment and Response to Office Action of May 28, 2004; and

Return Receipt Postcard

Fee calculation:

No additional fee is required.

An extension fee in an amount of \$____ for a ____-month extension of time under 37 C.F.R. § 1.136(a).

An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		Not a Small Entity		
					Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$9=			x \$18=	
Indep.		Minus			x 43=			x \$86=	
First Presentation of Multiple Dep. Claim					+\$145=			+\$290=	
					Total	\$		Total	\$

Fee payment:

Please charge Deposit Account No. 23-1925 in the amount of \$____. A copy of this Transmittal is enclosed for this purpose.

The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

Date

8/25/04

Respectfully submitted,

Anthony P. Curtis, Ph.D. (Reg. No.46,193)
Agent for Applicant